

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

## 1. PLACE OF DEATH

County BuchananRegistration District No. 35Township WashingtonPrimary Registration District No. 1001City St. Joseph MoState Mo Hospital # 2File No. 208Registered No. 9St. 2 Ward

## 2. FULL NAME

(a) Residence. No. Jesse Steel(Usual place of abode) Moberly MoSt. 2

Ward

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 27 yrs. 0 mos. 17 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OFUnknown

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

unknown 1884

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1

68+3127day, hrs.  
or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Miner 16

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Tennessee 2

10. NAME OF FATHER

unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

unknown 31

12. MAIDEN NAME OF MOTHER

unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

unknown

14.

INFORMANT

(Address)

Records, State Hosp #2

15.

FILED

1-1419 32John R. Bender 2

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Jan 13 1932

17.

I HEREBY CERTIFY, That I attended deceased from July1st1931, to Jan 131932that I last saw him alive on Jan 13, 1932, and that death occurred, on the date stated above, at 11:20 am.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

82a Cerebral hemorrhage84 (duration) yrs. 8 mos. 8 ds.CONTRIBUTORY (SECONDARY) Manic depressivePsychosis (duration) 27 yrs. 0 mos. 12 ds.

18. WHERE WAS DISEASE CONTRACTED

82a

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF 11WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Dr. Chas. Smith M. D.1/14 1932 (Address) State Hosp #2St. Joseph Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

State Hosp #2 CemJan 14 1932

20. UNDERTAKER

ADDRESS

E. G. Tidengden602 So. 10

